

2004 CBT 301 Soft Tissue Injuries KING COUNTY EMERGENCY MEDICAL SERVICES (12/15/03) MH				SKILLS CHECKLIST FOR RECERTIFICATION	
NAME <small>PRINT STUDENT'S NAME</small>		EMS #		DATE	
<b>Objective:</b> Given a partner, appropriate equipment and a patient with a soft tissue injury, demonstrate appropriate assessment and treatment as outlined in CBT 301 and BLS Patient Care Guidelines.					
SCENE SIZE-UP (must verbalize)					
<input type="checkbox"/> BSI	<input type="checkbox"/> Scene Safety	<input type="checkbox"/> Determines NOI/MOI	<input type="checkbox"/> Number of Patients	<input type="checkbox"/> Additional Resources	
INITIAL ASSESSMENT (must verbalize)					
<input type="checkbox"/> Mental Status	<input type="checkbox"/> C-spine	<input type="checkbox"/> Breathing	<input type="checkbox"/> Circulation	<input type="checkbox"/> Obvious Trauma	<input type="checkbox"/> Sick
<input type="checkbox"/> Chief complaint	<input type="checkbox"/> Airway		<input type="checkbox"/> Bleeding	<input type="checkbox"/> Body Position	<input type="checkbox"/> Not Sick
SUBJECTIVE (FOCUSED HISTORY)					
<input type="checkbox"/> Establishes rapport with patient and obtains consent to treat <input type="checkbox"/> Reassures and calms patient <input type="checkbox"/> Determines patient's chief complaint and follows <b>SAMPLE</b> and <b>OPQRST</b> investigation <input type="checkbox"/> Obtains names/dosages of current medications					
OBJECTIVE (PHYSICAL EXAM)					
<input type="checkbox"/> Records and documents baseline vital signs <input type="checkbox"/> Performs appropriate <b>medical / trauma exam</b> — exposes/checks for additional bleeding and/or injuries <input type="checkbox"/> Assesses circulation, motor and sensory ( <b>CMS</b> ) before and after wound care (as indicated) <input type="checkbox"/> Obtains second set of vital signs and compares to baseline					
ASSESSMENT (IMPRESSION)					
<input type="checkbox"/> Verbalizes <b>impression</b> (R/O) <input type="checkbox"/> Determines if <b>ALS is needed</b> — states rationale _____					
PLAN (TREATMENT)					
GENERAL CARE (Check all that apply) <input type="checkbox"/> Applies <b>direct pressure</b> to the wound <input type="checkbox"/> Elevates extremity (if indicated) <input type="checkbox"/> Applies <b>dressing/bandage</b> to wound <input type="checkbox"/> Administers additional care as indicated: pressure dressing, pressure point, splinting <input type="checkbox"/> Administers appropriate rate and delivery of <b>oxygen</b> <input type="checkbox"/> Properly <b>positions patient</b> <input type="checkbox"/> Initiates steps to prevent heat loss <input type="checkbox"/> Indicates need for <b>immediate ALS/transport</b> (SICK) <input type="checkbox"/> <b>Monitors</b> patient vital signs <input type="checkbox"/> Considers <b>IOS</b> <input type="checkbox"/> _____ (additional)				<b>CRITICAL FAIL CRITERIA</b> <b>DID NOT...</b> <input type="checkbox"/> Take/verbalize <b>BSI</b> <input type="checkbox"/> Appropriately provide/manage airway, breathing, bleeding control, treatment of shock <input type="checkbox"/> Administer appropriate rate and delivery of <b>oxygen</b> (if indicated) <input type="checkbox"/> Indicate the need for immediate <b>ALS/transport</b> (SICK)	
COMMUNICATION AND DOCUMENTATION				RECERTIFY	
<input type="checkbox"/> Delivers timely and effective <b>short report</b> (if indicated) <input type="checkbox"/> Completes SOAP narrative portion of incident response form				<input type="checkbox"/> YES <input type="checkbox"/> NO <b>2<sup>nd</sup> ATTEMPT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO EXPLAIN	
EVALUATOR SIGN YOUR NAME				EMS #	

CBT 301 Soft Tissue Injuries

Student name

Recert Yes No Date

Written Score

(online / other)

